

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 03/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prescriptions for Flexeril, Valium, Norco and Xanax

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The TMF physician reviewer is board certified occupational medicine with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the prescriptions for Flexeril, Valium, Norco and Xanax are not medically indicated to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 01/29/10

- Office visit notes by Dr. – 10/30/08 to 01/20/10
- Required Medical Examination by Dr. – 09/09/09
- Health Care Provider Detail by Dr. – 08/19/09
- PEER Review by Dr.– 10/08/08
- Office visits notes by Dr. – 10/23/09 to 01/18/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she was moving furniture and experienced the onset of low back pain. She has been diagnosed with internal disc disruption and spinal stenosis at L5-S1. The patient has been treated with physical therapy and medications. The note for Dr. states that the patient's medications are working well and has been prescribed Flexeril 10mg 3 times a day, Valium 10mg for sleep, Norco 10/325 4 times a day and Xanax 3mg at bedtime. The patient has had refill prescriptions for these medications that have been denied payment twice.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient sustained a lumbar strain superimposed on degenerative changes and she has developed chronic low back pain. Muscle relaxants (Flexeril) are indicated for the treatment of acute painful musculoskeletal conditions. No studies have demonstrated efficacy with their use for chronic low back pain and therefore, the use of this medication in this capacity is not medically indicated. Narcotic analgesics (Norco) should be prescribed for fixed periods of time. Long-term treatment with short-acting opiates is not effective or indicated treatment of chronic back pain. Therefore the use of this medication is not medically indicated. Benzodiazepines (Valium, Xanax) are not indicated for the treatment of chronic low back pain. Therefore, the use of these medications is not medically indicated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)